

**APPROVAL TO ATTEND TRAINING-REGISTERED; Accept-Reg**

**TO:** [employee's name]  
**FROM:** [training coordinator's name] or [training systems staff]  
**CC:** [manager's name]; [authorizing official's name]  
**SUBJECT:** Training Confirmation for [employee name]  
**DATE:** [day, date, time]

This is to notify you that your training has been approved in the following training session:

[Course Title]

[Course Number]

[Session Number]

Provider: [name of provider]

Start/End Dates: [Start Date] [End Date]

Start/End Times: [Start Time] [End Time]

Training Location: [Facility]  
[Room]  
[Address]  
[City], [State], [Zip]

You are registered for attendance at the training listed above. If you determine you are unable to attend the training as scheduled, you must notify me immediately.

Upon completion of this training, please submit documentation of successful completion (e.g., certificate of training completion, grade report, or other comparable documentation) to me.

Please contact me if you have questions regarding this action.

**APPROVAL TO ATTEND TRAINING-NOT REGISTERED; Accept-Not**

**TO:** [employee's name]  
**FROM:** [training coordinator's name] or [training systems staff]  
**CC:** [manager's name]; [authorizing official's name]  
**SUBJECT:** Training Confirmation for [employee name]  
**DATE:** [day, date, time]

This is to notify you that your training has been approved in the following training session:

[Course Title]

[Course Number]

[Session Number]

Provider: [name of provider]

Start/End Dates: [Start Date] [End Date]

Start/End Times: [Start Time] [End Time]

Training Location: [Facility]  
[Room]  
[Address]  
[City], [State], [Zip]

It is your responsibility to register for attendance at the training listed above. If you determine that you are unable to attend the training as scheduled, you must notify me immediately.

Upon completion of this training, please submit documentation of successful completion (e.g., certificate of training completion, grade report, or other comparable documentation) to me.

Please contact me if you have questions regarding this action.

**TO:** Joe Bollino  
**FROM:**  
**CC:**  
**SUBJECT:** Waiting List Notification for Joe Bollino  
**DATE:** July 23, 1999

This is to notify you that the following training session is full and you have been placed on a waiting list.

Course Title: Changing Dimensions of DOE

Course Number: 000001

Session Number: 0009

Provider:

Start/End Dates: October 25, 1999 – October 27, 1999

Start/End Times: 9:00AM – 4:00PM

Training Location: Energy Training Complex  
Room: Turquoise  
1401 Maxwell Street  
Albuquerque, NM 87185-5400

If space becomes available, you will be enrolled and notified of your approval to attend the training.

Please contact me if you wish to be removed from the waiting list or have questions regarding this action.

**TO:** Joe Bollino  
**FROM:** Martin, Kay  
**CC:**  
**SUBJECT:** Notification of Incomplete Training Record for Joe Bollino  
**DATE:** July 23, 1999

This is to notify you that there is no record that you completed the following training session:

Course Title: Program Management Overview

Course Number: 000002

Session Number: 0002

Provider:

Start/End Dates: January 3, 2000 – January 7, 2000

Please contact me indicating whether or not you attended this training. If you did attend the course, please forward a Certificate of Training Completion or other documentation of successful completion of the training to me. If you recently forwarded this verification information, please disregard this notice.

Please contact me if you have questions regarding this action.

**TO:** Joe Bollino  
**FROM:**  
**CC:**  
**SUBJECT:** Request to Cancel Training Denied for Joe Bollino  
**DATE:** July 23, 1999

This is to notify you that I have denied your request to cancel enrollment in the following training session:

Course Title: Changing Dimensions of DOE

Course Number: 000001

Session Number: 0008

Provider:

Start/End Dates: January 18, 2000 – January 19, 2000

Due to organizational priorities, it was necessary for me to deny this request.

Please contact me if you wish to be removed from the waiting list or have questions regarding this action.

**TO:** Joe Bollino  
**FROM:**  
**CC:**  
**SUBJECT:** Request to Attend Training Denied for Joe Bollino  
**DATE:** July 23, 1999

This is to notify you that I have denied your request for enrollment in the following training session:

Course Title: Changing Dimensions of DOE

Course Number: 000001

Session Number: 0006

Provider:

Start/End Dates: November 11, 1999 – November 12, 1999

Due to other organizational priorities, it was necessary for me to deny this request.

Please contact me if you would like to explore other avenues for your development or if you have questions regarding this action.

**TO:** Joe Bollino  
**FROM:** Lindsey,A.M.  
**CC:**  
**SUBJECT:** Training Enrollment Denied for Joe Bollino  
**DATE:** July 23, 1999

This is to notify you that your request for training has been denied in the following training session:

Course Title: Changing Dimensions of DOE

Course Number: 000001

Session Number: 0003

Provider:

Start/End Dates: April 10, 2000 – April 13, 2000

Please contact me if you would like to identify other training to meet this need or if you have questions regarding this action.

**TO:** Joe Bollino  
**FROM:** Fryer, Sherdona  
**CC:**  
**SUBJECT:** Training Cancellation Notice for Joe Bollino  
**DATE:** July 23, 1999

As requested, enrollment in the following training session has been cancelled for you.

Course Title: Changing Dimensions of DOE  
Course Number: 000001  
Session Number: 0005  
Provider: Office Depot  
Start/End Dates: December 14, 1999 – December 17, 1999  
Start/End Times: 8:00AM – 4:00PM  
Training Location: Lab Rd  
Room: W-18  
ORAU  
Oak Ridge, TN 37831-0117

Please contact me if you would like to identify other training to meet this need or if you have questions regarding this action.



**TO:** Joe Bollino  
**FROM:** Fryer, Sherdona  
**CC:**  
**SUBJECT:** Cancellation of Training Session for Joe Bollino  
**DATE:** July 23, 1999

This is to notify you that the following training session, in which you were enrolled, has been cancelled.

Course Title: Changing Dimensions of DOE

Course Number: 000001

Session Number: 0004

Provider:

Start/End Dates: November 9, 1999 – November 12, 1999

Please contact me if you would like to identify other training to meet this need or if you have questions regarding this action.

**TO:** Kenneth Smith  
**FROM:** Fryer, Sherdona  
**CC:**  
**SUBJECT:** Training Session Change Notification for Kenneth Smith  
**DATE:** July 23, 1999

This is to notify you that there has been a change in the date(s), time(s), or location of the following training session in which you are enrolled. The correct information appears below.

Course Title: Changing Dimensions of DOE

Course Number: 000001

Session Number: 0001

Provider:

Start/End Dates: November 30, 1999 – December 3, 1999

Start/End Times: 8:00AM – 4:30PM

Training Location: 950 L'Enfant Plaza, SW.  
Room: 710  
950 L'Enfant Plaza, SW.  
Washington, DC 20585

If space becomes available, you will be enrolled and notified of your approval to attend the training.

If you are unable to attend this session, please contact me to request cancellation or if you have questions regarding this action.

**TO:**  
**FROM:**  
**CC:**  
**SUBJECT:**  
**DATE:**

There are currently no students who should receive this letter.